

REASON		GRADE 2 RATING A	Inspection Date:	ESTABLISHMENT NAME:	
Regular	✓		6/12/17	SAGAN FIN'NA'GUEN FINO LIAMORU DAY CARE	
Follow-Up			Time In/Out:	OWNER/OPERATOR:	
Complaint			2:15pm 2:45pm	SAGAN FIN'NA'GUEN CHAMORU	
Investigation			Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:			20000-17000536	DEDEDO	CCL/NURSERY
No. of Children: 9 Male 17 Female 26 Total			PERMIT STATUS: ✓ Valid _____ Temporary _____ Expired		
			Child Care License: No.: 150053 ✓ Valid / / Provisional / / Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

Received By (Name & Title): Manisha Sam Director
DEH Inspector (Name & Title): J. Cruz JC 12PM401